Certificates of Insurance



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CERTIFICATE OF LIABILITY INSURANCE

E (MM/DD/YYYY) 08/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER. AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not endorsement, the certificate holder is like of such addressment(s).

IT SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on										
this certificate does not	this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER		CONTACT NAME:								
Ruese Insurance Agency		PHONE (A/C, No, Ext):		FAX (A/C, No): (937)	492-0489					
100 S. Main. Suite 200		E-MAIL ADDRESS:								
			INSURER(S) AFFORDING COVERAGE		NAIC#					
Sidney	OH 45365-2790	INSURER A:	Cincinnati Insurance Company		10677					
INSURED		INSURER B:								
	ic.	INSURER C :								
		INSURER D :								
		INSURER E :								
Reynoldsburg	g O									

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXPLICITLY AND CONDITIONS OF SUPPLICIES OF THE POLICIES AND CONDITIONS OF SUPPLICIES OF THE POLICIES AND CONDITIONS OF SUPPLICIES OF THE POLICIES AND CONDITIONS OF SUPPLICIES AND CONDITION

	XCLUSIONS AND CONDITIONS OF SUCH PO							
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE COCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
l							MED EXP (Any one person)	\$ 5,000
Α		Y		EPP0525238	03/01/2020	03/01/2021	PERSONAL & ADV INJURY	\$ 1,000,000
l	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 2,000,000
l	POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:							\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
l	X ANY AUTO						BODILY INJURY (Per person)	\$
Α	OWNED SCHEDULED AUTOS	Υ		EPP0525238	03/01/2020	03/01/2021	BODILY INJURY (Per accident)	\$
l	HIRED NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$
l								\$
	✓ UMBRELLA LIAB ✓ OCCUR						EACH OCCURRENCE	\$ 10,000,000
Α	EXCESS LIAB CLAIMS-MADE	Υ		EPP0525238	03/01/2020	03/01/2021	AGGREGATE	\$ 10,000,000
	DED RETENTION \$ 0							\$
	WORKERS COMPENSATION						➤ PER OTH-	
l a	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		EWC0525236	03/01/2020	03/01/2021	E.L. EACH ACCIDENT	\$ 1,000,000
l ^`	(Mandatory in NH)	"'^		2110002020	00/01/2020	00/01/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
	Fidelity Bond						Fidelity Bond	\$1,000,000
Α	D & O Liability			EMP0426863	03/01/2017	03/01/2020		
DESC	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101 Additional Remarks Schedule, may be attached if more space is required)							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required

CITY OF DETROIT IS ADDITIONAL INSURED. 30 DAY NOTICE OF CANCELLATON APPLIES

CERTIFICATE HOLDER		CANCELLATION
CITY OF DETROIT 2 WOODWARD AVENUE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
2 WOODWARD AVEROE		AUTHORIZED REPRESENTATIVE
DETROIT	MI 48226	J 1 1211

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ACORD 25 (2016/03)

- Named insured matches the contractor's entity name.
- Each of the policies must still be in effect.
- The Insurer must be registered with the State.
- City of Detroit must:
 - Be listed as the certificate holder
 - Be listed as the "additional insured"
 - Be provided an express 30-day notice of cancellation



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CERTIFICATE OF LIABILITY INSURANCE

E (MM/DD/YYYY) 08/26/2020

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this certificate does no	t confer rights to the certificate holder	in lieu of such	endorsem	ent(s).				
PRODUCER			CONTACT NAME:					
Ruese Insurance Agency			PHONE (A/C, No. Ext):		FAX (A/C, No):	(937) 4	92-0489	
100 S. Main. Suite 200		[E-MAIL ADDRESS:					
		[INSURER(S) AFFORDING COVERAGE			NAIC#	
Sidney	OH	45365-2790	INSURER A:	Cincinnati Insurance Company			10677	
INSURED			INSURER B :					
	ic.		INSURER C :					
		[INSURER D :					
			INSURER E :					
Reynoldsbur	g O							

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E	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	CLAIMS-MADE COCUR						DAMAGE TO RENTED \$ 10	000,000
A		Υ		EPP0525238	03/01/2020	03/01/2021	PERSONAL & ADV INJURY \$	000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC OTHER:						GENERALAGGREGATE 3	000,000
Г	AUTOMOBILE LIABILITY						(Ea accident)	000,000
A	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS	Υ		EPP0525238	03/01/2020	03/01/2021	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY	NON-OWNED			PROPERTY DAMAGE (Per accident) \$			
А	WIMBRELLA LIAB EXCESS LIAB DED X RETENTION \$ 0	Υ		EPP0525238	03/01/2020	03/01/2021		0,000,000
А	WORKERS COMPENSATION AND EMPLOYER'S LLABILITY ANY PROPRIET OR PARTNER EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EWC0525236	03/01/2020	03/01/2021	PER STATUTE OTH- E.L. EACH ACCIDENT \$ 1,0 E.L. DISEASE - EAEMPLOYEE \$ 1,0	000,000 000,000 000,000
Α	Fidelity Bond D & O Liability			EMP0426863	03/01/2)17	03/01/2020	Fit elity Bond \$1	,000,000
DES	DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)							

CERTIFICATE HOLDER	CANCELLATION

CITY OF DETROIT IS ADDITIONAL INSURED. 30 DAY NOTICE OF CANCELLATON APPLIES

CERTIFICATI	E HOLDER		CANCELLATION
	CITY OF DETROIT 2 WOODWARD AVENUE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	2 WOODWAND AVENUE		AUTHORIZED REPRESENTATIVE
	DETROIT	MI 48226	1 1/200

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ACORD 25 (2016/03)

- Named insured matches the contractor's entity name.
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this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).									
PRODUCER			CONTACT NAME:						
Ruese Insurance Agency			PHONE (A/C, No. Ext):	FAX (A/C, No): (937) 4	92-0489			
100 S. Main. Suite 200			E-MAIL ADDRESS:						
				INSURER(S) AFFORDING COVERAGE		NAIC#			
Sidney	0	H 45365-2790	INSURER A	Cincinnati Insurance Company		10677			
INSURED			INSURER B						
	ic.		INSURER C :						
			INSURER D :						
			INSURER E :						
Reynoldsburg	g C								

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E)	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.								
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	CLAIMS-MADE OCCUR						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000 \$ 5,000	
А		Υ		EPP0525238	03/01/2020	03/01/2021	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 1,000,000	
	POLICY PROJECT LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000 \$ 2,000,000	
\vdash	OTHER: AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
A	ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS	Y		EPP0525238	03/01/2020	03/01/2021	BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
	HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	\$	
А	✓ UMBRELLA LIAB ✓ OCCUR EXCESS LIAB CLAIMS-MADE	Υ		EPP0525238	03/01/2020	03/01/2021	EACH OCCURRENCE AGGREGATE	\$ 10,000,000 \$ 10,000,000	
	DED RETENTION \$ 0 WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						PER OTH- STATUTE ER	\$ 1,000,000	
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under	N/A		EWC0525236	03/01/2020	03/01/2021	E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000 \$ 1,000,000 \$ 1,000,000	
A	DESCRIPTION OF OPERATIONS below Fidelity Bond D & O Liability			EMP0426863	03/01/2)17	03/01/2020	E.L. DISEASE - POLICY LIMIT Fic elity Bond	\$1,000,000	
DEGG	DESCRIPTION OF OPERATIONS // OCATIONS // SCHOOL SE // CORD (64 Additional Beneates School of many to attached if more species or serviced)								

CITY OF DETROIT IS ADDITIONAL INSURED. 30 DAY NOTICE OF CANCELLATON APPLIES

CERTIFICATE HOLDER		CANCELLATION						
CITY OF DETROIT 2 WOODWARD AVENUE		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
2 WOODWAND AVENUE		AUTHORIZED REPRESENTATIVE						
DETROIT	MI 48226	13/ 100						

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PRODUCER					CONTAC NAME:	СТ						
Ruese Insurance Agency					PHONE (A/C, No	Evt).			FAX (A/C, I	No)-	(937) 49	92-0489
100 S. Main. Suite 200					E-MAIL ADDRE				1 (100)	10/.		
					ADDICE	33.	IN	SUDED(S) AEEOE	RDING COVERAGE			NAIC #
Sidney OH 45365-2790				INSURE							10677	
INSURED					INSURE						\neg	
	c.				INSURE							
				INSURER D :								
Reynoldsburg					INSURE	RE:					-+	
COVERAGES CERTIFICATE NUMBER REVISI THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR							REVISION NUMBER:	25010				
				ELISTED BELOW HAVE BEEN ERM OR CONDITION OF ANY								
				SURANCE AFFORDED BY TH								
				ITS SHOWN MAY HAVE BEEN	N REDUC							
INSR LTR TYPE OF INS	URANCE	ADDL S	SUBR	POLICY NUMBER		POL (MM/I	LICY EFF POLICY EXP (MM/DD/YYYY) LIMITS					
COMMERCIAL GENER	RAL LIABILITY								EACH OCCURRENCE	5	1,000	,000
CLAIMS-MADE	OCCUR								DAMAGE TO RENTED PREMISES (Ea occurrence)	s	100,0	00
	_								MED END (4		5.000	

EPP0525238 03/01/2020 03/01/2021 1,000,000 PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- LOC 2.000.000 \$ 1,000,000 BODILY INJURY (Per person EPP0525238 03/01/2020 BODILY INJURY (Per accident) PROPERTY DAMAGE X HIRED AUTOS ONLY **✓** UMBRELLA LIAB EXCESS LIAB EPP0525238 03/01/2020 03/01/2021 CLAIMS-MADE DED | RETENTION \$ 0 AND EMPLOYERS' LIABILITY 1.000.000 ANY PROPRIETOR/PARTNER/EXECUTIVE N N/A (Mandatory in NH) L. EACH ACCIDENT EWC0525236 03/01/2020 1,000,000 1,000,000 E.L. DISEASE - POLICY LIMIT icelity Bond Fidelity Bond EMP0426863 03/01/2017 03/01/2020 D & O Liability

CANCELLATION

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AUTHORIZED REPRESENTATIVE

DETROIT

MI 48226

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City of Detroit Standard Insurance Requirements

Worker's Comp

Michigan Statutory Minimum

Employer Liability

\$500K minimum per disease, person, or accident

Commercial General Liability

\$1M/occurrence, \$2M/AGG. City of Detroit as additional insured

Auto/Vehicle Liability

\$1M combined single limit owned/hired/non-owned/scheduled



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Auto/Vehicle Liability

\$1M combined single limit owned/hired/non-owned/scheduled

...but always read the contract!



Thank You!

QUESTIONS?

Elizabeth C. Ayana Johnson
Contracting and Procurement Specialist
Office of Contracting and Procurement
Email: johnsonea@detroitmi.gov

City Cell Phone: 313-670-1441

